



**Colorado WIC Program**  
**Physician Authorization Form**  
**For Specialty Formulas and WIC Supplemental Foods**

**Medical documentation is federally required to ensure that the patient under your care has a medical condition that requires the use of specialty formula and that conventional foods are precluded, restricted, or inadequate to meet their special nutritional needs.**

**Instructions:** Complete sections A and D for all patients.

♦ To approve specialty formula and supplemental foods, also complete section B.

♦ To approve soy beverage, tofu or additional cheese, also complete section C.

Fax form to WIC clinic or have WIC participant return form to clinic.

**WIC clinic:**

**WIC fax #:**

**Attention:**

**A. Patient information**

**Patient's Name:** (Last, First, MI):

**DOB:**

**Parent/Caregiver's Name:**

**Medical Reason/Diagnosis:**

**Time needed:** ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

**B. Specialty formula and WIC supplemental foods**

**Formula requested** (see approved list on back):

**Prescribed amount:** ☐ maximum allowable **-OR-** ☐ \_\_\_\_\_ oz/day

**Special instructions/comments:**

**Supplemental foods:** (check one)

☐ Issue full provision of age-appropriate supplemental foods.

☐ No WIC supplemental foods; provide formula only.

☐ Issue a modified food package omitting the supplemental foods checked below.

WIC Participant Category	WIC Supplemental Foods (check contraindicated foods)	Special Instructions
<b>Infants</b> 6 through 11 months	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables	
<b>Children</b> 1 through 4 years -and- <b>Women</b>	<input type="checkbox"/> Milk* <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Juice <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Legumes <input type="checkbox"/> Peanut butter <input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Whole grains <input type="checkbox"/> Fish (exclusively breastfeeding women only)	

☐ \*Issue whole milk: WIC provides low fat milk for women and children  $\geq$  2 years of age. Only patients receiving specialty formula who require additional calories qualify to receive whole milk.

**C. Soy beverage, tofu or additional cheese**

Check the boxes below to prescribe soy beverage, tofu or additional cheese:

☐ Soy beverage or tofu for children ☐ > 4 lbs tofu for women ☐ > 1 lb cheese for women or children

Diagnosis (required): ☐ Milk allergy ☐ Severe lactose maldigestion ☐ Vegan diet ☐ Other (specify) \_\_\_\_\_  
(personal preference is not an allowed reason)

**D. Health care provider information**

**Signature of health care provider:**

**Provider's name:** (please print)

☐ MD ☐ PA ☐ DO ☐ NP

**Medical office/clinic:**

**Phone #:**

**Fax#:**

**Date:**

**WIC USE ONLY**

**Approved by:**

**Date:**

# COLORADO WIC PROGRAM

## APPROVED FORMULAS

### Standard Contract Infant Formulas

These formulas will be given unless a physician diagnoses a medical condition that warrants a specialty formula.

- ◆ No prescription is needed for infants.
- ◆ A prescription is needed for adults and children over one-year of age and is valid for up to six (6) months.

Enfamil Premium Infant  
Enfamil ProSobee  
Enfamil Gentlease  
Enfamil AR

### Specialty Formulas

Medical documentation is required for issuance of these formulas. Reasons such as "colic," "spitting up," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

Boost High Protein	Nutren Junior with Prebio Fiber
Boost Kid Essentials 1.5 cal	Nutren 1.0
Boost Kid Essentials 1.5 cal with fiber	Nutren 1.0 with Fiber
Bright Beginnings Soy Pediatric Drink	Nutren 1.5
Compleat Pediatric	Nutren 2.0
E028 Splash	Osmolite 1 Cal
EleCare Infant	PediaSure (any flavor)
EleCare Junior	PediaSure with Fiber (any flavor)
(only for children over 1 year)	PediaSure Enteral
Enfagrow Soy Toddler	PediaSure Enteral with Fiber and scFOS
(only for children over 1 year)	PediaSure 1.5 cal
Enfamil EnfaCare	PediaSure 1.5 cal with Fiber
Enfaport	Peptamen
Ensure	Peptamen Junior
Ensure Plus	Peptamen Junior with Fiber
Gerber Good Start Nourish	Portagen
Neocate Infant with DHA & ARA	Pregestimil
Neocate Junior	Similac Expert Care Alimentum
Neocate Junior with Prebiotics	Similac Expert Care NeoSure
Nutramigen	Similac PM 60/40
Nutramigen with Enflora LGG	Tolerex
Nutramigen AA	Vivonex Pediatric
Nutren Junior	Vivonex T.E.N.

### Formulas for Inherited Metabolic Diseases

Calcilo-XD	Pro-Phree
Cyclinex-1 & 2	ProViMin
Glutarex-1 & 2	Propimex-1 & 2
Hominex-1 & 2	RCF
I Valex-1 & 2	Tyrex-1 & 2
Ketonex-1 & 2	TYROS-1 & 2
MSUD Analog, Maxamaid & Maximum	XLeu Analog, Maxamaid & Maxamum
Periflex Infant	XLys, XTrp Analog, Maxamaid & Maxamum
Periflex Junior	XMet Analog, Maxamaid & Maxamum
Phenex-1 & 2	XMTVI Analog, Maxamaid & Maxamum
PhenylAde Essential Drink Mix	XPhe Maxamaid & Maximum
Phenyl-Free 1 & 2	XPhe, XTyr Analog & Maxamaid
Phenyl-Free HP	XPTM Analog

For questions about Colorado WIC approved formulas contact the State WIC Office at (303) 692-2400.

Electronic copy of this form available at: <http://www.coloradowic.com>